

SCHOOL QUESTIONNAIRE

Name of Child: _____ Class: _____
Teacher: _____ School: _____
Other staff involved: _____

What do you feel are the child's main problems / areas of need, if any?

Do you have any concerns about: (please circle)
Vision / Hearing / Health problems

Comments: _____

Results of any IQ tests: _____

Is the child presently receiving any special help? YES / NO (please circle)
If Yes, please describe: _____

Has the child been referred to any other agencies? YES / NO (please circle)
If Yes, please outline: _____

What are the main assets this child displays? (list at least 3)

- _____
- _____
- _____

Rating scale: 1=poor, 2=fair; 3=average; 4=good; 5=excellent. Please circle the appropriate number.

	Scale	Comments
1. Handwriting e.g. neatness, speed, letter formation, pencil grip	1 2 3 4 5	
2. Fine Motor (manipulative skills) e.g. scissors, shoelaces, craft activities, construction	1 2 3 4 5	
3. Sports & Gross Motor e.g. hop, skip, ball games, clumsy, trips/falls	1 2 3 4 5	
4. Self Care e.g. feeding; dressing, shoelaces, lunch wrappers	1 2 3 4 5	
5. Organisational Skills e.g. ability to follow instructions, turn taking, requires prompts to start	1 2 3 4 5	
6. Visual Perception e.g. puzzles, letter reversals, copying	1 2 3 4 5	
7. Language & Communication e.g. oral expressions, written expression, comprehension	1 2 3 4 5	
8. Endurance e.g. tires easily with writing, fatigues quickly with sport	1 2 3 4 5	
9. Sensory e.g. sensitivity to touch/sound/movement	1 2 3 4 5	

Hand Dominance LEFT / RIGHT / UNCLEAR (please circle)

Rating scale: 1=poor, 2=fair; 3=average; 4=good; 5=excellent. Please circle the appropriate number.

SCHOOL PERFORMANCE	Scale					Comments
1. General Learning Ability	1	2	3	4	5	
2. Spelling	1	2	3	4	5	
3. Reading	1	2	3	4	5	
4. Mathematics	1	2	3	4	5	
5. Memory e.g. recent recall, long term, remembers routines	1	2	3	4	5	
6. Behaviour in class e.g. playing with peers, squirms, restless	1	2	3	4	5	
7. Social Interaction e.g. gets on with peers, teased/bullied, withdrawn/isolated	1	2	3	4	5	
8. Self Esteem / Confidence e.g. self image, standing up for self	1	2	3	4	5	
9. Attention / Concentration e.g. persistence, daydreams	1	2	3	4	5	

General comments.

Class Teacher:

Support Teacher:

School Counsellor:

Please attach any relevant documents

(e.g. school report, copies of writing, spelling, arithmetic and drawing)

Signature:

Position:

Date:

Contact Phone Number:
